

State of Georgia
205 Jesse Hill Jr. Drive SE
Suite 478, East Tower
Atlanta, Georgia 30334
www.ethics.georgia.gov

PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name			First	Middle	2. Social Security Number
3. Apt. No.	4. Street Address		5. City	6. State	7. Zip Code
8. Telephone (Daytime)		9. Mailing Address if different from above.			9a. E-mail Address
10. Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. List all names you have used, including nicknames			12. Marital Status
13. Spouse's Name: Last First Middle				14. Spouse's Occupation	

INFORMATION REQUESTED BELOW FOR EQUAL EMPLOYMENT MONITORING PURPOSES

20. Race (Check One) <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other. Specify _____		21. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		22. Birth Date Month Day Year			23. Birthplace City County/Province State/Country		
GOVERNMENT EMPLOYMENT									
24. Have you ever been dismissed from any government position? If yes, attach a detailed explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No				25. If you have previously applied with the State of Georgia using a different name please state that name.					
26. Have you ever been employed by the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.									
Job Title		Name of Supervisor		Inclusive Dates			Employing State Agency		
27. Do any of your relatives work for the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES complete the following.									
Last Name		First	Middle	Relationship			Employing State Agency		

EDUCATION

Please attach an original copy of your college, graduate and professional school transcripts.

Name and location of colleges, universities, or professional schools attended	Field of Study/Areas of Concentration		Type of Degree Awarded	Degree Date or Anticipated
	Major	Minor		
Undergraduate School				
Graduate School				
Law School				
State your undergraduate and/or graduate/professional school class standing honors and activities.				
If during your undergraduate, graduate, or professional education you were ever <i>expelled, reprimanded, cited for an honor violation</i> , or otherwise disciplined please attach a detailed explanation.				

LICENSES OR CERTIFICATIONS			
Licenses or Certifications Earned (e.g. Bar, CPA)	Identification Number	Certifying Entity	Date Earned or Admitted

RELEVANT BACKGROUND WITH CAMPAIGN FINANCE REGISTRATION AND REPORTING REQUIREMENTS

1. Please describe your background and familiarity with campaign finance registration and reporting requirements.

2. Have you ever held any position with any state ethics commission or similar state agency administering campaign finance registration and reporting requirements? If so, identify the state or municipality and describe in detail your duties and responsibilities.

3. Do you have any experience with government budgeting processes? If so, describe in detail.

4. Do you have other experience you believe to be relevant? If so, describe in detail.

5. Have you published any relevant articles or books? If so, please list and provide them.

6. Have you ever been disciplined, cited, or otherwise sanctioned for a breach of ethics or unprofessional conduct at any time? If so, please give the particulars.

7. List all associations and professional societies of which you are a member, and any offices which you have held in such groups.

8. Do you have any writing samples evidencing work which you have personally performed? If so, please provide.

PLEASE FEEL FREE TO ATTACH HERETO A STATEMENT PROVIDING ANY OTHER INFORMATION YOU BELIEVE TO BE RELEVANT.

MILITARY SERVICE (if applicable)				
Active Armed Forces Service	Job Title	Inclusive Periods of Active Service		Reserve Status
		From (month/year)	To (month/year)	
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Other: specify _____ <input type="checkbox"/> Navy <input type="checkbox"/> Marines				
Type of Discharge _____. If other than honorable attach a detailed explanation. _____				

REFERENCES					
Please provide three references with knowledge of your relevant professional experience.					
Name	Address	City	State	Zip Code	Telephone No.

COURT RECORD - CHARGES PENDING
Have you ever been arrested, charged, and sentenced for the commission of any felony, or any crime involving moral turpitude, where: (a) first offender treatment without adjudication of guilt pursuant to the charge was granted; or (b) an adjudication of guilt or sentence was otherwise withheld or not entered on the charge, except with respect to a plea of nolo contendere? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a detailed explanation. Have you ever been convicted, entered a plea of nolo contendere, or any charges now pending against you by federal, state, or other law enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed or would likely be imposed. All other convictions and pleas of nolo contendere must be included even if they are pardoned.) <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, provide the following:

CONVICTIONS - PLEAS OF NOLO CONTENDERE			
Charge	Date	Name of Court and Place	Pardoned
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

CHARGES PENDING		
Violation Charged	Name of Government	Name of Court & Location Where Pending

CERTIFICATION
By my signature, I hereby certify that the above information, and the information contained on the attachments to this application for employment, are true and correct and are made under the penalties of false swearing. I authorize the State Ethics Commission, its employees and agents to verify this information.
<div style="text-align: right;"> _____ Signature of Applicant </div> <div style="text-align: right;"> _____ Date </div>

EMPLOYMENT HISTORY

Describe your employment history beginning with your current or most recent job, including volunteer experience. If you worked for the same employer but at various times held different jobs, describe each separately. Please describe in detail the specific duties beginning with your primary duties. If desired you may attach a resume to provide additional information.

Current or Last Employer**Address****Job Title****From (Month & Year)****To (Month & Year)****May we contact employer as a reference**☐ Yes ☐ No**Hours Per Week****Starting Salary****Ending Salary****Name of Supervisor****Reason for Leaving****Description of Duties****Employer****Address****Job Title****From (Month & Year)****To (Month & Year)****May we contact employer as a reference**☐ Yes ☐ No**Hours Per Week****Starting Salary****Ending Salary****Name of Supervisor****Reason for Leaving****Description of Duties****Employer****Address****Job Title****From (Month & Year)****To (Month & Year)****May we contact employer as a reference**☐ Yes ☐ No**Hours Per Week****Starting Salary****Ending Salary****Name of Supervisor****Reason for Leaving****Description of Duties**

STATE ETHICS COMMISSION
State of Georgia
205 Jesse Hill Jr. Drive, SE
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Atlanta, Georgia 30334

PLEASE PRINT OR TYPE		PERSONAL DATA		ATTACH ADDITIONAL SHEETS AS NECESSARY	
1. Last Name		First	Middle	2. Date of Birth	3. Social Security Number
4. Apt. No.	5. Street Address	6. City		7. State	8. Zip Code

PLACES OF RESIDENCE						
<i>Please list the address of each place where you have lived during the past five (5) years</i>						
Inclusive Dates		Apt No.	Street Address	City	State	Zip Code
From	To					

WAIVER	
<p>This waiver authorizes the release of information to the Georgia Bureau of Investigation concerning my driver's history, criminal history, credit history, employment history, medical history, and all other information which may be necessary to establish my personal character. This further releases all persons and companies of any liability in relinquishing the requested information to representatives of the Georgia Bureau of Investigation for the purpose of my being considered for employment or appointment to a position within State government. This release further authorizes the Georgia Bureau of Investigation to disseminate the above information to the State agency which is considering me for employment or appointment.</p> <div style="text-align: right; margin-top: 40px;"><div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div>Signature</div> <div style="border-bottom: 1px solid black; width: 200px; margin-bottom: 5px;"></div> Date	